



Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

August 14, 2009

RECEIVED

AUG 18 2009

DIVISION OF WATER

Erich Cleaver
Surface Water Permits Branch
Division of Water
200 Fair Oaks Lane
Frankfort, KY 40601

RE: Permit application 0066931

Mr. Cleaver;

Our apologies for missing our operator's license number and classification on the permit application, I have completed the circled items. Feel free to contact me if you have further questions or concerns at 502-636-0900 ext. 23500.

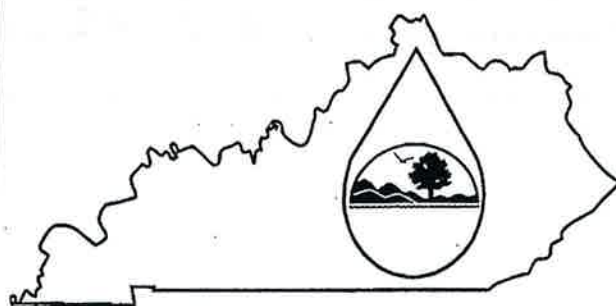
Respectfully,

Jed Johnson
Facilities Manager
Girl Scouts of Kentuckiana

enc.

KPDES FORM 1

AZ# 915



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 24 2009

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

CK 100

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0066931
A. Name of business, municipality, company, etc. requesting permit Girl Scouts of Kentuckiana, Inc.			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name: Pennyroyal Girl Scout Camp		Owner Name: Girl Scouts of Kentuckiana, Inc.	
Facility Location Address (i.e. street, road, etc.): 3095 Girl Scout Road		Mailing Street: 2115 Lexington Road	
Facility Location City, State, Zip Code: Utica, KY 42376		Mailing City, State, Zip Code: Louisville, KY 40206	
		Telephone Number: 502-636-0900	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Commercially operated recreational camp for girls.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:
7032

Sporting & Recreational camp (Seasonal)

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Daviess

City where facility is located (if applicable):

C. Body of water receiving discharge:

UT to 1.60 of N. fork of Barnett Creek

D. Facility Site Latitude (degrees, minutes, seconds):

37 35 54

Facility Site Longitude (degrees, minutes, seconds):

87 01 30

E. Method used to obtain latitude & longitude (see instructions): Topo Map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Lisa Leonard

Telephone Number:

270-275-~~4439~~ 4517

Operator Mailing Address (Street):

3095 Girl Scout Road

Operator Mailing Address (City, State, Zip Code):

Utica, KY 42376

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Class I

Certification Number:

17947

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY006931

Issue Date of Current Permit:

12/1/04

Expiration Date of Current Permit:

11/30/09

Number of Times Permit Reissued:

5

Date of Original Permit Issuance:

1/13/82

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

03007020

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Facilities Manager
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Jed Johnson
DMR Mailing Street:	PO Box 32335
DMR Mailing City, State, Zip Code:	Louisville, KY 40232-2335
DMR Official Telephone Number:	502-636-0900 ext.23500.

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)


XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	.23	.23	1
TOTAL SUSPENDED SOLIDS	0.18	0.18	1
FECAL COLIFORM	10	10	1
TOTAL RESIDUAL CHLORINE	0.01	0.01	1
OIL AND GREASE	24	24	1
CHEMICAL OXYGEN DEMAND	7.0	7.0	1
TOTAL ORGANIC CARBON	Not tested		
AMMONIA	.07	.07	1
DISCHARGE FLOW	0.004	0.001	1
PH	6.9	6.9 min.	1
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)	22°C	22°C	1

B. Frequency and duration of flow:	year-round
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Jed S. Johnson Facility Mgr.	TELEPHONE NUMBER (area code and number): (502) 636-0900
SIGNATURE 	DATE 6/19/09.

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather

☐ Dry Weather

Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

Pennyroyal Girl Scout Camp

Site Manger's Home (2)

TOTAL POPULATION SERVED

Seasonal maximum of 150 campers